

SUPPLEMENTAL QUALIFICATIONS STATEMENT
EQUIPMENT OPERATOR

Name of Applicant:

Do you currently possess a Commercial Drivers License (CDL)? Yes___ No___

Check the type(s) of directions you have worked from on previous jobs:

Oral Instructions: Yes___ No___

Written Instructions: Yes___ No___

Oral or written instructions on rapidly changing job: Yes___ No___

Circle any of the following tools and equipment you have used and give examples of use.

PowerTools

Examples of Use

Chain Saw

Welding Equipment

Jackhammer

Air hammer

Front-end Loader (1 2 yard and under)

Mower

Bulldozer

Drill

Posthole Digger

Chemical Spray Rig
(truck or trailer-mounted)

Farm-type Tractor with attachments

Brush cutting and side clearing equipment

Circle any of the following tools and equipment you have used and give examples of use.

Hand Tools**Examples of Use**

Shovel

Pick

Tamper

Hammer

Saw

Trowel

Paintbrush

Paint Roller

Cement Mixer

Brush Saws

Posthole Digger

Screwdriver

Tape Measure

Survey Level

Drill

Rake

Wrench

Paint Scraper

Pliers

Pipe Wrench

Ability to Operate Equipment. Check the types of equipment you have operated:

a. Farm-type Tractor___ With attached/towed equipment___

Explain type of work performed:

b. Warehouse-type Tractor___ With attached/towed equipment___

Explain type of work performed:

c. Vehicles, such as sedans, pickup trucks, jeeps, delivery vans, forklifts, or floor sweepers___

Explain type of work performed:

Have you ever performed tool or equipment maintenance which may have involved keeping items clean: replacing hoses and belts; routine periodic maintenance, such as minor tune-ups, replacing brake linings, etc.; making simple adjustments in calibration; and adjusting equipment to operating tolerances?

Describe and explain in detail. (If more space is needed, use a separate sheet of paper)

Ability to Attach Equipment. Explain types of equipment you have attached and your responsibility concerning its use and adjustment.

Materials Used: For each type of material listed below, write the number of the statement that reflects your ability and give examples of work you performed that show how you used that ability.

1 = Have used the material when working under close supervisory guidance

2 = Have used the material and planned operations on the basis of my own judgment and experience with occasional supervisory guidance.

3 = I am an expert concerning the material and have been consulted by co-workers for advice on its use or appropriate substitute.

<u>Material</u>	<u>Number.</u>	<u>Examples of Work Performed</u>
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Lumber	_____	
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Concrete	_____	
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Chain Link Fence	_____	
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<u>Material</u>	<u>Number.</u>	<u>Examples of Work Performed</u>
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Pipe	_____	
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Weed Spray	_____	
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Rodent Poison	_____	
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Asphalt	_____	
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Herbicide Application	_____	
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Welding Materials	_____	
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Pavement Repair Materials	_____	
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Circle the weights you have had to lift and carry:

10 lbs 20 lbs 40 lbs 50 lbs 100 lbs

List some of the heavy things you have lifted, and tell about your activities or experience that required physical strength and endurance:

Ability to Operate Safely. Provide written responses to your answers.

a. Describe the kinds of hazardous situations or potential dangers you have had to work with, such as in close proximity to high-voltage electrical lines, or in rough terrain, etc. Tell about your experience and training that shows you can work safely.

b. Describe dangers involved in any work you have done.

c. Some safety training is listed below. Check those you have completed, indicating the length of such training and dates completed. List and date any other types of safety training.

Fire Extinguisher	___
CPR	___
First Aid	___
Switchmen Certification	___
Herbicide Application	___
Defensive Driving	___
Powered Industrial	___
Trucks/forklifts	___
Hearing Protection	___
Others:	

d. What safety training have you provided to other workers?

e. Describe your safety record (including safety awards).

f. Describe any accidents you have had on the job in the last 5 years and give dates.

g. If you were involved in a lost-time accident in the last five years, please describe the accident, stating whether you were at fault and also explain the severity of the accident. Provide information concerning any traffic violations or traffic accidents, which you have had in the last 5 years.

If you have been employed as an Equipment Operator or in a closely related field, check the statement below that best characterizes your level of performance and supervision received.

☐ Able to independently decide which simple tasks should be done to carry out those tasks with supervisory guidance.

☐ Able to perform the common tasks associated with journeyman duties on own initiative subject to occasional supervision.

☐ Able to perform the most difficult tasks associated with journeyman duties on own initiative and with very little supervision.

After you have completed this form and reviewed it for completeness, sign and date where indicated below.

Statements concerning qualifications will be verified; exaggeration or misstatements may be cause for your disqualification or later removal from service.

CERTIFICATION

I CERTIFY that all of the statements made are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature: _____ Date: _____